

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

Marshall for Treasurer

IMPORTANT: Indicate by # type of committee you are reporting for. 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Tracey J Marshall

Political Party (if applicable)

Republican

Office Sought

Cass County Treasurer

District (if Senate or House)

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT**For Office Use Only**

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A May 19, 2010 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

June 8, 2010

County & Local Committees, enter County in
which Election is held
Cass

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES

✓

NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

3503

3257.28

245.72

830.05

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Marshall for Treasurer

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
03/01/2010	ID# CK# 9760	Fulk 305 W 2nd Atlantic, IA 50022	na	\$20	<input type="checkbox"/>
03/02/2010	ID# CK# 5440	Jack Jensen 105 Pearl Atlantic, IA 50022	na	500	<input type="checkbox"/>
03/01/2010	ID# CK# 5901	Kevin Sindt 63515 Tucson Rd	na	25	<input type="checkbox"/>
03/01/2010	ID# CK# 21488	Tom Sandbothe 802 Cass Grisswold, IA 51535	na	50	<input type="checkbox"/>
03/02/2010	ID# CK# 7767	Kay Harris 504 Olive Atlantic, IA 50022	na	100	<input type="checkbox"/>
03/03/2010	ID# CK# 13177	Charles Kinen 2400 Chestnut apt 17 Atlantic, IA 50022	na	100	<input type="checkbox"/>
03/04/2010	ID# CK# 6843	Steve Sisler 2304 Hilltop Dr Anita, IA 50020	na	100	<input type="checkbox"/>
03/05/2010	ID# CK# 5901	Becky Mosier 311 Minnesota Lewis, IA 51544	na	50	<input type="checkbox"/>
03/05/2010	ID# CK# cash	Monty Pettis 1606 Linda Dr Atlantic, IA 50022	na	250	<input type="checkbox"/>
03/05/2010	ID# CK# cash	Tracey Marshall 1606 Oak Atlantic, ia 50022	candidate	20	<input type="checkbox"/>

SUB-TOTAL

\$ 1215.00

TOTAL (If last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Marshall for Treasurer

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03/05/2010	ID# CK# cash	Randy Watts 904 Mulberry St Atlantic, IA 50022	na	\$10	<input type="checkbox"/>
03/11/2010	ID# CK# 2934	Diane Martens 1004 Walnut st Atlantic, IA 50022	na	50	<input type="checkbox"/>
03/11/2010	ID# CK# 2884	James M Field 1610 Aspen Dr Atlantic, IA 50022	na	50	<input type="checkbox"/>
03/11/2010	ID# CK# cash	Marie Parrott 61635 Boston Rd Atlantic, IA 50022	na	5	<input type="checkbox"/>
03/13/2010	ID# CK# 4910	Jack Drake 504 Adair Griswold, IA 51534	na	50	<input type="checkbox"/>
03/14/2010	ID# CK# 1244	Nadine Ayt 410 Washington Lewis, IA 51544	na	100	<input type="checkbox"/>
03/16/2010	ID# CK# 16474	Keith Allenstein 103 W 14th Atlantic, IA 50022	na	100	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 365

TOTAL (If last page of this schedule)

\$

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Page 2 of 4
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Marshall for Treasurer

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
03/19/2010	ID# CK# 8752	Phil Hetrick 64544 Fayette Rd Atlantic, IA 50022	na	\$100	<input type="checkbox"/>
03/30/2010	ID# CK# 4041	Kendal Warne 62401 Memphis Rd Atlantic, IA 50022	na	25	<input type="checkbox"/>
04/3/2010	ID# CK# 5142	Todd Wepler 59871 Oxford rd Lewis, IA 51544	na	50	<input type="checkbox"/>
04/5/2010	ID# CK# cash	Tracey Marshall 1606 Oak St Atlantic, IA 50022	candidate	350	<input type="checkbox"/>
04/15/2010	ID# CK# 3078	Marilyn Miller 410 E 22nd Atlantic, IA 50022	na	25	<input type="checkbox"/>
04/12/2010	ID# CK# 9030	George Howard 1005 E 7th Atlantic, IA 50022	na	50	<input type="checkbox"/>
04/13/2010	ID# CK# 8164	Monty Pettis 1606 Linda dr Atlantic, IA 50022	na	250	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 850	
TOTAL (If last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Marshall for Treasurer

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
4/24/2010	ID# CK# 1812	June Holiday 2409 Chestnut Atlantic, IA 50022	na	\$150	<input type="checkbox"/>
04/24/2010	ID# CK# cash	Marshall Fun Run - Misc Fundraiser	na	228	<input checked="" type="checkbox"/>
04/24/2010	ID# CK# 5479	Dennis Butler 410 E 22 Atlantic, IA 50022	na	30	<input checked="" type="checkbox"/>
04/24/2010	ID# CK# 5181	Marilyn Mundorf 300 Main Lewis, IA 50022	na	25	<input type="checkbox"/>
04/24/2010	ID# CK# cash	Danelle Smith 57908 Tucson Rd Griswold, IA 51534	na	100	<input checked="" type="checkbox"/>
5/12/2010	ID# CK# cash	Paul Fredricksen 117 Timber Walnut, IA 5	na	250	<input type="checkbox"/>
04/24/2010	ID# CK#	Craig Petersen Atlantic, IA 50022	na	40	<input checked="" type="checkbox"/>
05/18/2010	ID# CK# cash	Tracey J Marshall 1606 Oak St Atlantic, IA 50022	candidate	250	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1073

TOTAL (If last page of this schedule)

\$3503

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Refer Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Marshall for Treasurer

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3-19-10	ID# CK# 1001	Nudna Valley 200 Maple St Atlantic IA 50022	Flyers	\$300
	ID# CK# 1002	Casco Auditor 5 W 7th St Atlantic IA 50022	CD	\$13
4-13-10	ID# CK# 1003	Staples 1333 Buckeye Rd Ames IA	Paper	67.38
	ID# CK# 1004	KJAN Atlantic IA 50022	Ads	\$600
4-19-10	ID# CK# 1005	LOWES 460 S Jordan Creek W Des Moines IA 50316	Paint	\$120.11
	ID# CK# 1006	Atlantic News Atlantic IA 50022	Ads	\$75
4-20-10	ID# CK# 1007	Nudna Valley 200 Maple Atlantic IA 50022	Flyers	\$300
4-21-10	ID# CK# 1008	Gonswold Am PO Box 687 Gonswold IA	Ad	\$12.38
37535				SUB-TOTAL
TOTAL (If last page of this schedule)				\$1487.87

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-10-	ID# CK# 1009	AKen 110 E 3rd Atlantic IA 50022	Rymanwood	\$ 65.87
5-5-10	ID# CK# 1000	Walmart Atlantic IA	Paint	17.09
5-7-10	ID# CK# 1011	Choice printing PO Box 305 Atlantic IA	Signs + Files	1186.45
5-13-10	ID# CK# 1012	Nishna Valley 300 maple Atlantic IA 50022	Fluero	300
	ID# CK#	Atlantic News Atlantic IA 50022	Ads	200
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 1769.41

TOTAL (If last page of this schedule) \$ 3257.25

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

515 281 4015

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Marshall for Treasurer

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
04/24/2010	Teresa Muhlbaier 53567 Hichcock Lewis, IA 51544	na	meat	\$ 150.00	<input checked="" type="checkbox"/>
04/24/2010	Chuck Templeman 1505 E 17 Atlantic, IA 50022	na	Trailer misc food	150.00	<input checked="" type="checkbox"/>
04/24/2010	Delbert Thurman 57706 560 Atlantic, IA 50022	na	misc	125.00	<input checked="" type="checkbox"/>
05/2/2010	Gwen Weirich 57680 Indian Creek Lewis, IA 51544	na	misc plywood	250.00	<input type="checkbox"/>
04/24/2010	Gwen Weirich 57680 Indian Creek Lewis, IA 51544	na	donuts	20.00	<input checked="" type="checkbox"/>
04/24/2010	Susan Baxter 64333 Oxford Atlantic, IA 50022	na	meat	25.00	<input checked="" type="checkbox"/>
04/24/2010	Shiona Putnam 607 1st st Griswold, IA 51535	na	donuts	50.00	<input checked="" type="checkbox"/>
05/13/2010	Tracey Marshall 1606 Oak Atlantic, IA 50022	candidate	misc paint office	60.05	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$ 830.05

TOTAL (if last
page of this
schedule)

\$ 830.05

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Page 1 of 1
(for Schedule E)